

VERIFICATION OF LICENSURE IN ANOTHER STATE

To the applicant: Complete the front portion of this form and send to the licensing Authority/Regulatory Board in the state in which you were licensed.

Full Name _____
First Middle Maiden Last name

Address _____
Street City State Zip

License/Certificate number _____ Date/Year Issued: _____

Applicants for a South Dakota license in funeral service who hold a license in another state which maintains the system and standard of examination for license to engage in the practice of funeral service, which in the judgment of South Dakota Board of Funeral Service is substantially equivalent to South Dakota Requirements. The applicant must pass a written examination on South Dakota Statutes and Administrative Rules and pay a fee of \$65.00. The applicant must also provide proof of good moral character.

My original Funeral Service License was obtained after serving _____ months as a registered apprentice in the State of _____ and after completing a _____ months' course at the _____

School of Embalming of which I am a graduate, and passing written examination in the State of _____ on the _____ day of _____, year _____ given by the following board _____

I have been actively engaged or employed in Funeral Service following the issuance of my original license in the following locations, to-wit:

Town _____ State _____ From _____ to _____

Town _____ State _____ From _____ to _____

Town _____ State _____ From _____ to _____

Town _____ State _____ From _____ to _____

Has your license ever been refused, suspended or revoked? _____

Explain _____

SOUTH DAKOTA BOARD OF FUNERAL SERVICE
134 East Illinois, Suite 214
Spearfish, SD 57783
Telephone: (606) 642-1600

To the Licensing authority/regulatory Board: Please provide the information requested below and return directly to our Board address indicated at the top of this page.

PLEASE PRINT

I, Secretary of the _____

State of _____

Certify that _____

was granted license number _____ to practice Funeral Service in the

State of _____ on the _____ day of _____, year _____

based on written examination and other qualifications before this board, and the said license is now in legal force.

The expiration date of said license is _____ year _____

I further certify the aforesaid _____
(name of licensee)

obligated a general average of _____.

I also certify that the above applicant is of good moral character, has never been convicted of a felony or crime involving moral turpitude, and has never been found guilty of gross or willful malpractice in the business of embalming and/or funeral directing, and, based on the records of this office, recommend him/her to the South Dakota State Board of Funeral Service as a fit and proper person to receive license by reciprocity.

(Seal)

Secretary of Board or Department Signature

Address City State Zip

Date